

The University of Kansas  
Aerospace Engineering  
Examination/Defense Notice

Name:

Date:

ID#:

E-mail:

Defense Type:

- |  |  |
|--|--|
| <input type="checkbox"/> M.S. Oral Examination           | <input type="checkbox"/> M.E. Oral Examination |
| <input type="checkbox"/> Ph.D. Comprehensive Examination | <input type="checkbox"/> Ph.D. Oral Defense    |
| <input type="checkbox"/> D.E. Comprehensive Examination  | <input type="checkbox"/> D.E. Oral Defense     |

Project/Thesis/Dissertation Title:

Date:

Time:

Location:

Committee Chair:

Committee Member:

Committee Member:

Committee Member:

Outside Member\*:

*\* for Ph.D. only*

*Note: 3 Members for Master's students, 5 for Doctoral students*

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**Doctoral Students Only**

Responsible Scholarship: List 2 semesters when AE 690 was completed

Semester 1:

Semester 2:

Research Skills: Describe how you met the research skills requirement

This form must be submitted to the department 2-3 weeks before the scheduled exam or the Graduate School will not process the necessary paperwork.